

	COMMUNICABLE DISEASE CONTROL PLAN	Operations Order 6.7.00
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1. **PURPOSE** - This policy provides guidelines to safeguard Department employees who may be exposed to a serious or life-threatening communicable disease during the course of their duty.
 - A. The risk of contracting a communicable disease during the course of duty is minimal if proper safety precautions are followed in performance of job responsibilities.
 - B. This does not relieve employees from the obligation of performing their duties.
 - C. Work practice controls will be reviewed and updated annually as new information becomes available and/or when new employee positions with the potential for exposure are created.

2. **AT-RISK JOB CLASSIFICATIONS**

- A. The following Department employees have been identified as those reasonably anticipated having occupational exposure to communicable diseases:
 - All sworn employees
 - Recruits
 - Laboratory Services Bureau (LSB) employees and supervisors
 - Police assistants* special detail
 - Police assistants in an enforcement capacity (Transit Bureau and precincts)
 - Detention Officers and Detention Supervisors
 - Property Management Unit (PMU) technicians
 - Employees involved in tasks and procedures where they may have a reasonable anticipation of occupational exposure to a communicable disease carried by infected persons, property, or evidence
- B. Employees are not considered to have occupational exposure merely because they have routine contact with the public.

3. **DEFINITIONS**

A. Blood	Human blood or blood components and products made from human blood
B. Blood-Borne Pathogens	Pathogenic microorganisms present in human blood and can cause disease in humans • These pathogens include, but are not limited, to Hepatitis B Virus (HBV), Hepatitis C Virus (HCV), and Human Immunodeficiency Virus (HIV).
C. Communicable/ Infectious Disease	Any disease capable of being transmitted from one person to another • For the purpose of this order, the term includes, but is not limited to, the diseases known as HIV, AIDS, HBV, HCV, TB, Meningitis, and Methicillin-resistant Staphylococcus aureus (MRSA).
D. Contaminated	The presence or the reasonably anticipated presence of blood or other potentially infectious material (OPIM) on an item or surface
E. Contaminated Sharps	Any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires
F. Conversion	A change in tuberculin skin test results from negative to positive, based upon current Centers for Disease Control and Prevention (CDC) guidelines
G. Decontamination	Use of physical or chemical means to remove, inactivate, or destroy blood borne pathogens on a surface or item until they are no longer capable of transmitting infectious particles and the surface or item is safe for handling, use, or disposal
H. Engineering Controls	Controls such as sharps containers or self-sheathing needles that isolate or remove the blood-borne pathogens hazard from the workplace
I. Exposure Incident	A specific eye, mouth, other mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of an employee's duties or an event in which an employee has been exposed to an individual with a confirmed infectious disease without benefit of applicable exposure control measures

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3. **DEFINITIONS:** (Continued)

J. Methicillin-resistant Staphylococcus-aureus (MRSA)	MRSA is a type of staff infection which is resistant to certain antibiotics. MSRA infections usually manifest as skin infections and transmit from person to person.
K. Occupational Exposure	Reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials or other contact with an individual with a suspected or confirmed infectious disease or air that may contain aerosolized Mycobacterium Tuberculosis that may result from the performance of an employee's duties • This may include, but is not limited to, performing first aid, conducting forensic analysis, or handling of materials potentially contaminated with blood, body fluids, etc.
L. Other Potentially Infectious Materials (OPIM)	Human body fluids such as semen, or vaginal secretions, or body fluids visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids; also, any unfixed tissue or organ (other than intact skin) from a human, living or dead
M. Parenteral	Piercing mucous membranes or the skin barrier through such events as needle sticks, human bites, cuts, abrasions, and TEW probes after deployment
N. Personal Protective Equipment (PPE)	Specialized clothing or equipment worn by an employee for protection against a hazard • General work clothes such as uniforms, uniform items, pants, or shirts, not intended to function as protection against a hazard are not considered to be personal protective equipment.
O. Regulated Waste	Liquid or semi-liquid blood or OPIM; contaminated items that could release blood or OPIM in a liquid or semi-liquid state if compressed; items with dried blood or OPIM that are capable of releasing materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or OPIM
P. Respirator	A device worn by an individual and intended to provide the wearer with respiratory protection against inhalation of airborne contaminants
Q. Sharps Container	A puncture-resistant, leak-proof container with a one-way top used to dispose of sharps
R. Tuberculosis (TB)	The disease caused by the Mycobacterium Tuberculosis bacillus, the bacteria can attack any part of the body but usually attacks the lungs
S. Universal Precautions	An approach to infection control, according to the concept of universal precautions for HIV, HBV, HCV and other blood-borne pathogens

4. **HEPATITIS A and B VACCINATIONS** - Employees with occupational exposure will be offered the opportunity to be vaccinated against Hepatitis A and B at no cost.

A. Vaccines will be administered by a City-contracted occupational health service provider in accordance with manufacturers' recommendations and CDC guidelines.

- See [5.7.A, City-Contracted Occupational Health Service Providers](#).

B. Participation in the Hepatitis A and B Vaccination Program

- (1) It is the employee's decision whether or not to participate in the Hepatitis A and B vaccination program.

NOTE: Documentation is required to reflect whether or not the employee participated in the vaccination program (see section 4.C of this order for documentation requirements).

- (2) The employee has the option to participate in either the Twin RIX (Hepatitis A and B) vaccination series or the Hepatitis B vaccination series.
- (3) Prior to receiving any vaccinations, the employee will be provided information regarding the vaccination serum, its effects, and the pros and cons of receiving the vaccinations.
- (4) An employee who initially declines the vaccinations may receive the vaccinations at any future time if still employed with the Department at no cost to the employee.

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4. C. Documentation of Vaccination Program

(1) Employees Who Participate in the Vaccination Program	- Employees will complete the Hepatitis B or Twin RIX A and B Vaccination Program Request Form 80-59D. - Employees will take the form to a City-contracted occupational health service provider and sign it in the presence of the provider's employee. - The original will be retained by the occupational health service provider for filing. - A copy will be forwarded through interdepartmental mail to the Police Safety Unit for placement in the vaccination record file.
(2) Employees Unsure of Immunity Status	- Employees who are unsure whether or not they have previously received the Hepatitis A/B vaccination may receive an Antibody Titer Blood Test from a City-contracted occupational health service provider to determine immunity status and if applicable, the need for vaccination. - Employees will complete the bottom portion ONLY of the Hepatitis B or Twin RIX A and B Vaccination Program Request Form 80-59D requesting an Antibody Titer Blood Test. - The original will be retained by the City-contracted occupational health service provider for filing. - A copy will be provided to the Police Safety Unit. - A copy will be given to the employee for his/her records, if desired.
(3) Employees Not Participating in the Vaccination Program	- Employees will complete the Hepatitis B or Twin RIX A and B Vaccination Program Refusal Form 80-59DA. - The original will be provided to the Police Safety Unit. - A copy will be given to the employee for his/her records, if desired.

5. **BLOOD-BORNE PATHOGENS EXPOSURE CONTROL PLAN** - In compliance with the [Occupational Safety and Health Administration \(OSHA\) Regulation Standard 29 CFR 1910.1030\(c\)\(1\)\(i\)](#), this plan is designed to eliminate or minimize employee exposure to blood borne pathogens.

DISEASE	DESCRIPTION	HOW CONTRACTED
A. Human Immuno-deficiency Virus/ Acquired Immune Deficiency Syndrome (HIV/AIDS)	- A virus that attacks a person's immune system and reduces the ability to fight other diseases making the infected person vulnerable to life-threatening illnesses such as pneumonia, meningitis, and cancer - At present, there is no known vaccine or cure for the HIV/AIDS virus.	- Transmitted from one person to another through sexual contact, sharing of intravenous drug needles, or by an open wound or rash or mucous membrane coming in contact with infected blood, semen, vaginal secretions, or OPIM - Although the HIV/AIDS virus has been found in tears and saliva, no instance of transmission from these body fluids has been reported. - The HIV/AIDS virus is not believed to be spread through casual social contact such as shaking hands, coughing, or sneezing. - HIV/AIDS is not reportedly spread by the routine processing of an arrestee known to have the disease.
B. Hepatitis B Virus (HBV) Hepatitis Virus (HCV)	- A viral infection that can result in jaundice, cirrhosis, or cancer of the liver - The incubation period is relatively long; six weeks to six months from exposure to onset of symptoms. Chronic carriers may appear well, yet can transmit the virus to others. - A preventive vaccination is available for Hepatitis B.	Can be transmitted by open wounds, or mucous membrane coming into contact with contaminated needles or body fluids including blood, semen, vaginal secretion, or OPIM

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6. **PREVENTATIVE MEASURES** - Precautions to be observed to prevent contact with blood or OPIM:

A. Hand Washing	- Frequent hand washing is an important safety precaution. - Soap and warm water is normally adequate. - Employees should utilize hand-washing facilities, if available or cleaning agents provided by the Department and on all Fire Department apparatus. - Employees will wash their hands immediately after removing gloves or other PPE and after physical contact with any person. - Employees should not eat, drink, or smoke until they have washed their hands.
B. Prohibited Workplace Activities	The following activities are <u>prohibited</u> in work areas where there is a reasonable likelihood for exposure to body fluids: - Eating and/or drinking - Smoking - Applying cosmetics or lip balm - Handling contact lenses
C. Needle Stick Prevention	- The use of needle devices should be eliminated whenever safe and effective alternatives are available. - Plan for the safe handling and disposal of needles before use - Never recap a needle or bend needles that may be contaminated - Place contaminated sharps/razors in appropriate sharps containers immediately after use * Sharps containers will not be overfilled. * Once sharps containers reach the pre-determined fill line, employees should ensure the sharps container is closed and locked and a new sharps container is made available. - Individual sharps containers should be maintained in the glove box/an internal storage compartment of any police vehicle used for routine contact with the public. - Any sharps collected for evidence or as a subject's personal property will be placed in an individual sharps container to avoid a potential sharps injury (see Operations Order 5.8.02, Impounding Controlled Substances , for more information).
D. Handling Biological Evidence	See Operations Order 5.8.01, Biological Evidence Procedures.
E. Handling Blood or OPIM Samples	- Food or drink will not be kept in refrigerators or freezers, on shelves, in cabinets, or on countertops or bench tops where blood or OPIM may be present. - Employees should avoid stepping in any body fluids, as shoes and other clothing may become contaminated. - All procedures involving blood or OPIM will be performed in a manner to minimize splashing, spattering, spraying, or generating droplets of these substances. - Mouth pipetting or suctioning of blood or OPIM is prohibited. - Specimens of blood or OPIM will be placed in leak-proof containers. * If containers leak, they must be placed in a second non-permeable container. * Containers used for storage, shipping, or transporting must be properly labeled or color-coded (OSHA Standard 29CFR 1910.1030). - Equipment samples, waste, etc. will be examined before leaving the premises to ensure they are not contaminated. - Labels will be affixed to these materials to warn others of the hazard (OSHA Standard 29CFR 1910.1030g).
F. Regulated Waste	- Items which contain small amounts of dried blood or fluids, such as band-aids, gauze squares, and wipes, may be disposed of in normal trash. <u>Sharp Objects</u> - Sharp objects which may be contaminated (needles, razor blades, etc.) will be placed in a puncture-resistant container before impounding. * These containers must meet the specifications of OSHA Standard 29CFR 1910.1030(d)(2)(viii). * A warning of the presence of needles, etc., will be marked on the outside of the container and a biohazard-warning label affixed to the container.

6. **PREVENTATIVE MEASURES:** (Continued)

E. Regulated Waste (Continued)	<u>Disposable PPE</u>
	- Disposable PPE worn by employees which may be contaminated (applies only to items listed in the definition of "Regulated Waste") will be placed in a bag labeled or color coded in accordance with paragraph (g)(1)(i) of the blood-borne pathogen standard (OSHA 29CFR Standard 1910.1030). - The bag will be placed in a contaminated material receptacle at each precinct, the Property Annex at 621 West Washington, or the main Property Room at 100 East Elwood. - The Property Management Unit (PMU) will pick up and arrange for incineration of these items on a routine basis in accordance with City, County Health Department, and State Department of Environmental Quality regulations. - Receptacles are not to be used for contaminated items that are for evidence, arrestee's property, or for safekeeping. - Contaminated material receptacles will be located in a secure area, with no public access. - Contaminated material receptacles will be clearly marked FOR CONTAMINATED BIOHAZARD ITEMS ONLY.
	<u>All Other Regulated Waste</u>
	This waste will be placed in leak-proof containers which are closable and labeled or color-coded in accordance with paragraph (g)(1)(i) of the blood-borne pathogen standard (OSHA 29CFR Standard 1910.1030).

7. **PERSONAL PROTECTIVE EQUIPMENT** - PPE will be supplied by the Department, in proper sizes, to protect employees from reasonable anticipated blood or OPIM exposure.

- A. Specific PPE needs for each bureau or work group will be determined through consultation with the Police Safety Unit.
- B. Employees will ensure PPE is used in areas where exposure to blood-borne pathogens is likely to occur; refer to the following chart:

(1) Masks, Eye Protection, and Face Shields	Whenever splashes, spray, spatter, or droplets of blood or OPIM may be generated, masks, in combination with eye protection devices such as goggles or glasses with side shields or chin-length face shields, will be worn.
(2) Gowns, Aprons, and Other Protective Body Clothing	Appropriate protective clothing will be used depending on the task and degree of exposure anticipated.
(3) One-Way Airways	Whenever mouth-to-mouth, cardiopulmonary resuscitation (CPR) is performed, one-way airway protective equipment should be used.
(4) Gloves or Other Protective Items	These items will be worn when it can be reasonably anticipated that the employee may have hand contact with blood or OPIM, mucous membranes, or broken skin, or when handling or touching contaminated items or surfaces. - Disposable (single-use) gloves will be replaced as soon as practical when contaminated, torn, punctured, or when their ability to function as a barrier is compromised. - Single-use gloves will not be washed.

C. **Maintenance of PPE**

- The Department will provide cleaning, laundering, or disposal of contaminated PPE at no cost to the employee.
- If an employee's PPE is damaged, the Department will replace or repair PPE to its original effectiveness.

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7. C. Maintenance of PPE (Continued)

- If protective garments become saturated or penetrated by blood or OPIM, PPE will be removed immediately or as soon as feasible.
- Employees should be aware that items, such as pens, clipboards, and telephone receivers, might become contaminated if touched while wearing gloves contaminated with body fluids.
- All PPE will be removed prior to leaving the scene of a contaminated area.

- D. Non-Use of PPE - Supervisors will ensure that in exposure situations where PPE was not used, the circumstances and reasons for non-use are documented on the [Chemical/Biological Contamination Exposure Incident Form 80-28D](#) and/or other industrial injury paperwork.

NOTE: It is essential for employees and supervisors to understand preventative measures to ensure similar exposure experiences are prevented.

8. **EMPLOYEE EXPOSURE TO BLOOD-BORNE PATHOGENS**

- A. Employees who become aware they have had an exposure incident (as defined in section 3.I of this order) while on duty, will immediately notify their supervisor.

- The supervisor will **immediately** contact the Police Safety Unit duty pager at 602-201-1766 (available 24/7) to discuss the circumstances of the exposure and if applicable, initiate response for source blood draw and testing (see section 8.H of this order for more information).

B. Infection Control Care

- (1) Employees who have an exposure incident only with no injuries, will report to a City-contracted occupational health service provider within two (2) hours of exposure, or as soon as practicable thereafter, for a baseline blood draw and to discuss preventative treatment measures.
- (2) Employees who have an exposure incident with minor injuries, will report to a City-contracted occupational health service provider within two (2) hours of exposure, or as soon as practicable thereafter, for a baseline blood draw and to discuss preventative treatment measures as well as medical treatment for the minor injuries.
 - When injuries require medical attention in excess of first-aid treatment, but the need is not urgent, employees may choose to be treated by a private medical provider or a City-contracted occupational health service provider.

NOTE: If employees seek medical attention from a private medical provider, they must still report to the City-contracted occupational health service provider for a baseline blood draw and to discuss preventative treatment measures.

- (3) Employees who have been seriously injured will be treated at the nearest hospital.
 - During the course of treatment while at the hospital, an Infection Control doctor should be consulted.
 - * Employees who are unable to consult an Infection Control doctor for services, such as counseling, testing, and preventative treatment for the exposure to the blood-borne pathogen, should proceed **immediately** to a City-contracted occupational health service provider following release from the hospital.

C. Immediate Blood Draw/Preventative Treatment

- (1) Preventative treatments are available for certain types of exposures.



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8. C. (2) If there is an exposure incident, a post-exposure medical consultation and treatment **should** be started **within 2 hours** of the suspected exposure or as soon as practicable thereafter.
- (3) The attending medical provider will recommend testing of the employee/s and the source if not already previously completed (see section 8.H of this order for more information).
- (4) The attending medical provider may recommend and prescribe immediate preventative treatment regardless of the blood draw/test results of the employee/s or the source.
- (5) When seen by a City-contracted occupational health service provider, the employee may be provided medication directly distributed from the health service provider.
- If the employee seeks medical attention at a location other than a City-contracted occupational health service provider, the employee may be given a prescription that will need to be filled at another location.
- (6) Employees should understand the effectiveness of treatment is at its greatest within two hours of exposure.
- After 48 hours from the exposure incident, the effectiveness of treatment is **greatly** diminished.
- (7) If the preventative treatment causes illness or nausea which prevents the employee/s from coming to work and industrial leave is not authorized, the employee may be given administrative leave up to 40 hours depending on the severity of the symptoms.
- (a) If the source is confirmed positive for HIV, administrative leave up to 40 hours may be granted.
- The administrative leave must be approved by the executive assistant chief.
 - * To request administrative leave, a memorandum must be submitted through the chain of command to the Police Safety Unit.
 - * The Police Safety Unit will confirm the HIV status of the source and coordinate with the executive assistant chief for determination.
- (b) If the source is confirmed negative for HIV and the employee continues preventative treatment, any leave utilized must be taken from the employee's own leave banks.

D. Immediate Decontamination

- To be effective, disinfecting and decontamination must be accomplished as soon as possible after exposure to blood or OPIM.
- Soap and water should be used, along with a disinfecting agent.
- Common household bleach mixed with water (1:10 solution) is an acceptable decontaminate for cleaning surfaces which have become contaminated.
- Liquid alcohol cleaners evaporate rapidly and are not recommended for decontamination; alcohol foams or gels are acceptable decontaminates for surfaces or equipment.

E. Supervisor's Responsibilities

- **Immediately** contact the Police Safety Unit duty pager at 602-201-1766.
- Ensure immediate exposure consultation from a City-contracted occupational health service provider is obtained for the exposed employee/s.
- Ensure all clothing and equipment that was possibly contaminated are decontaminated.
- Notify any Department employee/s who may have been exposed to the disease; if those employees are off duty, they **will be** contacted at home.



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8. E. Supervisor's Responsibilities (Continued)

- Notify any other agencies whose personnel had contact with the infected person; that agency will be responsible for notifying their employees.
- Ensure the exposed employee/s is aware of counseling services which are available, as outlined in [Operations Order 4.10.00, Personnel Support Services](#).
- Ensure all necessary industrial and/or exposure forms/paperwork is properly routed (see [Operations Order 4.2.00, Employee Benefits](#), for a list of required forms/paperwork).

F. Follow-Up Blood Draw/s for Exposed Employees - The Department is required by OSHA to provide a blood-draw opportunity to the exposed employee as soon as feasible.

NOTE: The effectiveness of treatment is at its greatest within two hours of exposure and is **greatly** diminished after 48 hours from the exposure.

- To ensure Workers' Compensation coverage, a blood draw is required no later than 10 days after exposure.
- If employees have a blood draw, the blood draw will include an HBV, HCV, and HIV screen.
- If an employee is required to have (due to positive HIV result of source blood) or requests an HIV screen, the blood draw will be tested; additional blood draws will occur at 6 weeks, 3 months, 6 months, and 18 months.
- If exposed employees have not received the Hepatitis B vaccination, they will be offered the Hepatitis B gamma globulin inoculation.
- The employee will be offered a medical evaluation and consultation.
- All of the above will be provided at no cost to the employee and all test results will be confidential.

G. Required Documentation/Paperwork

- In exposure situations, employees will complete a Chemical/Biological Contamination Exposure form and any other necessary industrial forms/paperwork (see [Operations Order 4.2.00, Employee Benefits](#), for a list of required forms/paperwork).

H. Blood Testing the Source of Employee Exposure - Will only be performed by the Police Safety Unit (available for response 24/7 by contacting the duty pager at 602-201-1766) or an authorized safety representative.

- (1) The employee's bureau/precinct commander/administrator or the duty commander will be notified **immediately** if blood testing is required.

(2) Testing the Source Person

(b) When the source consents to a blood draw:

- A Consent/Source of Employee [Exposure Blood Test Form 80-13D](#) and [Consent/Court Order Checklist Source of Employee Exposure Blood Test Form 80-12D](#) will be completed.
- The Police Safety Unit will perform the requested service/blood draw in **two** tiger-striped topped vials.
- When an Uni-Gold™ Recombigen® HIV test is completed, the Uni-Gold™ Recombigen® HIV control sheet will also be completed.
- The completed original forms will be maintained by the Police Safety Unit and copies of the completed forms will be provided to the City-contracted occupational health provider when the blood vials are dropped off.

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8. H. (2) (c) When the source refuses consent to a blood draw, the Police Safety Unit can obtain a court order in accordance with [Arizona Revised Statute \(ARS\) 13-1210](#).

(i) Obtaining a Court Order	- The following information will be provided to the Police Safety Unit via email at PPD_Safety@phoenix.gov: * Incident (IR) Report number * Date and time of incident * Location of incident * Source name and charges * Exposed employee/s name/s * Whether or not medical treatment was sought * Summary of the circumstances of the exposure (what type of bodily substance and how the substance was transmitted to the employee/s)
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- (3) The Police Safety Unit should also be contacted in cases where the Phoenix Fire Department or other police or fire agencies are involved in an exposure incident involving Phoenix subjects.

- (4) Submitting Blood to the City-Contracted Health Care Provider:

(a) Protocol	- The Police Safety Unit (or authorized safety representative) is responsible for taking the vials to the 24-hour City-contracted occupational health care facility listed in 5.7.A, City Contracted OH CSP within two hours of being drawn. * Vials will not be taken to any police facility and impounded. - The two vials of blood must be in a sealed tamper-proof container or envelope. * The source's name, telephone number, and date of birth should be printed on each vial. - The Consent Source of Employee Exposure Blood Test form, Consent/Court Order Checklist Source of Employee Exposure Blood Test form, Uni-Gold™ Recombigen® HIV control sheet (if applicable), and, when applicable, the court order, will be turned in with the vials. - Testing will be ordered for the following: * HIV * Hepatitis B surface antigen * Hepatitis B surface antibody * Hepatitis C antibody - The City-contracted health care provider will analyze the blood and the confidential results will be forwarded to the Police Safety Unit. - Upon receiving the results, the Police Safety Unit liaison will contact the employee/s and the source, upon their request.
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9. **SPECIFIC DECONTAMINATION PROCEDURES** - See section 10 of this order for decontamination services. For clean up of large amounts of bodily fluids, the City contractor should be contacted. For small amounts of contamination, the following procedures should be used:

A. Disinfecting Hands, Skin, and Mucous Membranes	- Wash hands or other body parts that become directly contaminated with blood or body fluids immediately with soap and warm water - Scrub vigorously for a minimum of 20 seconds to properly rid contaminated skin areas of protein matter, blood, secretions, and other contaminants - Wash hands thoroughly with soap and warm water after removing latex gloves - If blood or body fluid/s make direct contact with the mouth or eyes, immediately flush the affected area thoroughly with water (10 to 15 minutes is standard for flushing eyes). * If flushing the mouth, ensure the liquid is not swallowed. - See section 8 of this order for exposure procedures
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9. **SPECIFIC DECONTAMINATION PROCEDURES:** (Continued)

B. Cleaning Up Body Fluid Spills	• Wear latex gloves when cleaning up body fluid spills • If there is a potential splash hazard of body fluids during cleaning, latex gloves, safety goggles, and facemask will be worn. • Clean up such spills with Cavicide or a 1:10 solution of bleach and water * Wet the spill with the decontaminate and let the solution sit for several minutes before wiping
C. Disinfecting Contaminated Equipment	• Wear latex gloves or other PPE when cleaning up body fluid spills • Disinfect non-disposable equipment items such as handcuffs, helmets, nightsticks, and flashlights, which become contaminated using a 1:10 solution of bleach and water before re-using
D. Disinfecting Contaminated Vehicle Seats, Door Handles, Floor Mats, etc.	• Wear latex gloves or other PPE when cleaning up body fluid spills • Scrub vehicle seats or areas exposed to blood, body fluids, or contaminated clothing with Cavicide or a 1:10 solution of bleach and water • Allow the area to soak in the bleach solution for five (5) to 10 minutes, then rinse thoroughly • If the interior of a vehicle becomes contaminated, no other persons will be transported in that vehicle until it is decontaminated.
E. Disinfecting Contaminated Clothing	• Clothing items contaminated with blood or OPIM may be cleaned by a City-contracted cleaning service at no cost to the employee. * See the administrative sergeant in any precinct, Northern Command Station (NCS), Southern Command Station (SCS), or Police Headquarters for the drop off location and required paperwork • When a City-contracted cleaning service is not available, employees may take their contaminated clothing items to any dry cleaning/laundry vendor that will accept occupational laundry requests. * Employees will be reimbursed for the cleaning of their contaminated clothing items by submitting the original receipt along with a completed Employee Expense Reimbursement Request Form 150-11D to the Fiscal Management Bureau (FMB). • Employees may, if they desire, clean their own contaminated clothing items by utilizing the below recommended procedures; however, it is recommended to use the City-contracted cleaning service to avoid possible contamination of other personal belongings. * Wear latex gloves when washing contaminated clothing * Clothing that has become contaminated with blood or OPIM will be changed and disinfected as soon as possible. * Clothing items will be washed in soapy water. * Contaminated clothing items will be stored and transported in a plastic bag marked with a contamination sticker. * Clothing will be kept away from other persons and other clothing until disinfected. * Scrub shoes, boots, and leather gear with soap and hot water to remove contamination

10. **DECONTAMINATION SERVICES**

- A. The City maintains a contract for specific providers of services to clean and decontaminate large amounts of blood and/or body fluids; this includes, but is not limited to, crime scenes, vehicles, holding cells, etc.
- B. Notification - Officers are required to notify a supervisor of any scene that is contaminated with blood or OPIM.
 - A lieutenant or higher level will determine whether the scene meets the listed criteria and will be responsible for calling out the contractor.



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10. C. Criteria for Contacting the Cleaning Contractor - The cleaning contractor will be contacted in the following circumstances:

- When large amounts of blood are involved or when City-contracted custodial personnel are not available at specific work sites for cleaning or decontaminating small amounts of blood
- When any area greater than 2 feet by 2 feet is visually contaminated with continuous smears of blood/infectious body fluids, including vomit, urine, or feces
- When blood/infectious body fluids or body fluids contaminated with visible amounts of blood have grossly contaminated equipment that requires disassembly of the equipment to properly decontaminate it, including any equipment that may have sharp or jagged edges

D. Contacting the Contractor

- Contact an Information Channel operator for a current list of approved contractors.
- Contractors can be contacted and are available for call-out 24 hours a day, 7 days a week.

NOTE: The contractor with the lowest fees will be called first.

- The selected contractor must reply within 15 minutes of the initial call to provide an estimated time of arrival.
- The contractor must arrive on site within one hour of the initial request for locations within the City limits and within two hours of the initial request for locations outside City limits.
 - * If the contractor does not arrive within the one hour/two hours time constraints, contact the Police Safety Unit's duty pager at 602-201-1766 for an alternative contractor to respond.
 - If an alternative contractor must be called, the initial contractor must be cancelled to avoid double billing/charges.
- For concerns related to the decontamination contract, contact the Police Safety Unit's duty pager at 602-201-1766.

E. Documentation of Clean-Up

- The contracted vendor will provide documentation for the cleanup upon completion of work.
 - * The documentation must be signed by a Department employee verifying the work was completed satisfactorily.
 - * The documentation should be retained by the facility requesting the cleanup.

11. TUBERCULOSIS (MYCOBACTERIUM TUBERCULOSIS)

A. The United States (U.S.) Department of Health and Human Services and the CDC in conjunction with OSHA, have developed guidelines for limiting occupational exposure to TB.

B. Transmission

- (1) Transmission of this disease may occur when a person who has infectious pulmonary or laryngeal tuberculosis, sneezes, coughs, or speaks.
- (2) These actions generate airborne material which, if inhaled by a non-infected person, can infect the non-infected person.
- (3) A positive skin test for TB means only the individual has been exposed to (the same as infected with) the TB bacteria.
- (3) Most people (approximately 90 percent) who become infected with the tuberculosis bacteria will not develop the disease, they will, however, test positive following a skin test for TB.



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11. B. (5) Symptoms of TB Disease

- Persistent, productive cough (more than three weeks)
- Bloody sputum
- Chest pain
- Fever
- Night sweats
- Weight loss/loss of appetite
- Extreme fatigue

(6) Identification of Persons with TB

- (a) Whenever employees come in contact with a person who they suspect may have TB, the employee should assume the person is infectious and take appropriate precautions.
- (b) Employees must take into consideration that people infected are not always aware they have tuberculosis and must use good judgment, taking precaution as necessary.

(7) Precautionary Measures

- (a) If an employee believes a person has or may have infectious TB, the employee should wear a full face APR (air purifying respirator) gas mask or, as an acceptable option, the N95 respirator, to prevent inhalation of infectious material.
- (b) Employees contacting person/s known or suspected of having tuberculosis will move the person/s outside, if possible.
 - If this is not possible, open doors and/or windows and ventilate the area if fans are available.
- (c) When dealing with a person with a chronic cough, employees will minimize close contact whenever possible.

C. Transporting Arrestees - Employees transporting arrestees known or suspected of having TB will:

- (1) Notify a supervisor prior to transporting.
- (2) Transport arrestees directly to County Hospital for a medical release.
 - Employees will then transport the arrestees to jail.
- (3) Have the arrestees transported in the police wagon small compartment, when possible.
- (4) Ensure they are not transported with other arrestees.
- (5) Wear a full face APR gas mask or, as an acceptable option, the N95 respirator.
- (6) Operate their vehicle's heating/cooling systems at high speed and on the non-recirculating cycle and open all windows unless weather conditions do not permit.

D. Exposure to TB

(1) Notification

- (a) Any time an employee comes in contact with a person known or suspected of having TB, the employee will immediately contact a supervisor.

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11. D. (1) (b) Supervisors will be responsible for notifying other Department employees who may have been exposed to the disease.

(2) Documentation

- (a) Employees will complete the Chemical/Biological Contamination Exposure Incident form.
- (b) The form will be forwarded through the chain of command to the Police Safety Unit.
- (c) Guidelines will be followed as listed in section 11.C.(2) of this order.

(3) Treatment

- (a) All employees are required to seek medical evaluation, treatment, and counseling when they are exposed or suspect they have been exposed to TB.
 - Employees should report to a City-contracted health care provider as soon as practicable for evaluation, testing, treatment, and counselling.
- (b) A purified protein derivative (PPD) skin test will be administered to the exposed employee (two-step test if no previous baseline test result is on file).
 - A retest will be conducted after three months if the new baseline PPD was negative.
- (c) Employees who have an initial positive skin test or conversions from a negative to a positive on the three-month retest, will have a chest X-ray and will be evaluated for preventive therapy according to the published CDC guidelines.

E. Employees with Active TB

- (1) Employees who have infectious TB will:
 - Immediately notify their supervisor by phone.
 - Begin treatment and medication for the active TB.
- (2) Employees will not return to work until the following criteria are met:
 - They have been receiving adequate treatment for two to three weeks.
 - Their symptoms have improved.
 - They have three consecutive negative sputum smears collected on different days.
 - The treating physician has released them to work.
- (3) Supervisors will place employees infected with TB on industrial leave.

12. **MASTER NAME INDEX (MNI) INFORMATION ENTRY**

- A. A person's MNI may be updated with information that the person has a communicable disease, such as Hepatitis HIV/AIDS, Meningitis, or TB, and poses a serious health risk to Department employees, under the following guidelines:

- (1) Only health-risk information obtained from the following sources may be used to update a person's MNI:
 - Doctor or medical facility
 - Immediate family member of person involved
 - Individuals with intimate knowledge of person involved such as a boyfriend/girlfriend
 - Admitted by the person
 - Information provided by another criminal justice agency

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12. A. (2) For the person's MNI to be updated with the health-risk information, it must be documented by one of the following methods:
- Booking Record
 - IR
 - Incident Supplement
 - Field Interview (FI)
- (3) Documentation will include:
- How the information became known to them.
 - Source of the information.
 - Name of the physician, if the physician is the source.
- B. After supervisor approval, employees will send the information, with a request that the person's MNI be updated, in an envelope marked "Health Risk Information" to the Central Booking Unit.
- (1) The entry will be completed by the Central Booking Unit personnel after approval of the bureau commander/administrator.
- Information will be entered as "Blood/Body Fluid Warning," without reference to the specific disease.
- (2) Since this information may not have been medically verified, it should be used by officers only as a precautionary measure in reducing the risk of exposure.
- NOTE:** All persons should be considered potential carriers of disease and PPE used accordingly.
- (3) This information will not be released to persons other than those who may have been exposed, such as jail personnel, Central Booking Unit personnel, or other officers.
- C. Once entered into the person's MNI, the involved individual can request removal of the entry with valid medical documentation stating the medical condition does not exist.
- This information must be routed to the Central Booking Unit commander/administrator who will authorize removal of the entry by Central Booking Unit personnel when appropriate.

13. **COMMUNICABLE DISEASE TRAINING**

- A. The Police Safety Unit and/or Training Bureau will provide employees with information and training.
- B. Training will be conducted in consultation with the Police Safety Unit and in compliance with OSHA (29CFR1910.1030 and .1035) and CDC regulations and guidelines.
- C. Employee training records will be maintained in accordance with OSHA Regulations (29CFR1910.1030 and .1035), AzPOST requirements, and Training Bureau regulations.

Last Organizational Review: